

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

FILED

(CFA-4)

**Summary Sheet**

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

2013 JAN 16 AM 10:01

PEGGY DEAY  
CLERK

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**IS THIS AN AMENDMENT?** ☐ Yes ☒ No

HAMILTON COUNTY COURTS

2

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>Robert L. Horkay Committee</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number ( 317 ) 844.5271
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 128 Senator Way	
5. City, State, ZIP Code Carmel, IN 46032	6. Party Affiliation (if applicable) Republican

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (include any nickname) Robert L. (Bob) Horkay	8. Party Affiliation or If Independent Candidate Republican
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Westfield City Council, District 5	10. County of Residence Hamilton

**TYPE OF REPORT****CONVENTION CANDIDATES ONLY**

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention	
12. Reporting Period: From: 1/1/2012 Through: 12/31/2012		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$759.72	
14. Cash on hand and investments January 1, current year.			\$759.72

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	
15a. Itemized (use Schedule A)	
15b. Unitemized	
15c. Add lines 15a and 15b in both columns	SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL
	-0-

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	
17b. Unitemized	
17c. Add lines 17a and 17b in both columns	SUBTOTAL
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL
	\$696.72
19. Debts OWED BY the committee (use Schedule D)	\$500.00
20. Debts OWED TO the committee (use Schedule E)	-0-

**CERTIFICATION****FOR OFFICE USE ONLY**

I CERTIFY THAT I HAVE EXAMINED THIS		IF IT IS TRUE, CORRECT AND COMPLETE.	
Signature of Treasurer			Date
Signature of Candidate (if applicable)			Date 1.16.13
WARNING: Any information contained in this report that is false or inaccurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class B misdemeanor. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)			



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**(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 2

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street number city state ZIP code)</i>	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street number city state ZIP code)</i>	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Robert L. Horkay 128 Senator Way Carmel, IN 46032		\$500.00	4/22/2006	\$0.00	\$500.00
		Loan			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$500.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$500.00